State of California—Health and Welfare Agency
For in Approved OMB No. 2050—0039 (Expires 9-30-91)
For its print or type. (Form designed for use on effice (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Hesith Services Toxic Substances Control Division Secremento, California

UNIFORM HAZARDOUS 1. Generator's US EPA WASTE MANIFEST GAID DQ8 25	1 CT 1 S S S S S S S S S S S S S S S S S S	Manifest Document No.	2. Page	BIDIOUS		he shaded areas
3. Generator's Name and Mailing Address			of is not required by Federal law. A. State Manifest Document Number			
PARA PLATE			88615615			
15910 SHOEMAKER CERRITOS, CA 90703 4. Generator's Phone 213) 404-3434			B. State Generator's ID			
5. Transporter 1 Company Namo 8. US EPA ID Number			C. State Transporter's ID			
OMEGA RECOVERY SERVICES CAD 042 245 001			D. Transporter's Phone			
7. Transporter 2 Company Name 8. US EPA ID Number			213 698-0991 E. State Transporter's ID			
9. Designated Facility Name and Site Address 10. US EPA ID Number			F. Transporter's Phone			
OMEGA RECOVERY SERVICES			G. State Facility's ID			
12504 E. WHITTIER BLVD			H. Facility's Phone			
WHITTIER, CA 90602	D 042 245	001	300	213 6	98-0	0991
11. US DOT Description (Including Proper Shipping Name, Hazard Cla	ss, and ID Number)	12. Cont	ainers 1	3. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a WASTE ORM-A N.O.S NA 1693						State 211,212
(FLEXOSOLVENT)		2		CA	0	EPA/Other
b.		0013	DM OK	0090	6	F001, F003
	3.					
				111	•	EPA/Other
c.						State
				1		EPA/Other
d.						State
						EPA/Other
	Of the statement with the statement		11			
J. Additional Descriptions for Materials Listed Above				Codes for W	astes Li b.	sted Above
				21.		
			C.		d.	
15. Special Handling Instructions and Additional Information						The second secon
PROFILE NUMBER B 10016						
16.	•		-			
GENERATOR'S CERTIFICATION: I hereby declare that the conf	ents of this consignme	nt are fully and ac	curately desc	cribed above b	v prope	r shipping name
and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the						
present and future threat to human health and the environment; C generation and select the best waste management method that is	R, if I am a small quan	tity generator, I ha	ave made a g	good faith effor	t to min	imizə my waste
Printed/Typed Name	Signature					Month Day Year
Frank E. Hernandez	French	1 Her	- ALLENSINE STATES		***************************************	1/1/10/5190
17. Transporter 1 Acknowledgement of Receipt of Materials		1				The state of the s
Printed/Typed Name	Signature	. 1	//	ø		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials	1	and Tr	eme	Willey	Y	TYLOSIZO
Printed/Typed Name	Signature					Month Day Year
19. Discrepancy Indication Space	NAME OF THE ROOM OF THE PARTY O		***************************************	**************************************		
						`
20. Facility Owner or Operator Certification of receipt of hazardous m	aterials covered by th	is manifest except	as noted in	Item 19.	······································	Manuse annungsala makka kanana ka
Printed/Typed Name	Signature	m	7	11		Month Day Year
N. JAY SOLOMON.		1/	lar	Home	log-	11/10/5190
(1/88) <u>Do No</u>	ot Write Below Thi	s Line	1			